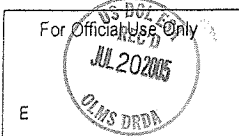


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4679</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Zeno</u> <u>Whittle Jr</u> P.O. Box, Bldg., Room No., if any <u>Suite 306</u> Street <u>1216 E. McMillan</u> City <u>Cincinnati</u> State <u>Ohio</u> ZIP Code + 4 <u>45206</u>	4. Name, file number, and address of labor organization. Name <u>OP&CMA 138</u> Labor Organization File Number <u>529419</u> P.O. Box, Building and Room Number, if any Street <u>777 W. Elm St</u> City <u>Washington Ct House</u> State <u>OHIO</u> ZIP Code + 4 <u>43160</u>
5. Position in labor organization. <u>Business agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Zeno Whittle Jr</u>	On <u>7-8-05</u> Date	<u>513 616 5531</u> -Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a ☒ substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stoners & ASSCTrade Name, if any: P.O. Box, Bldg., Room No., if any 225Street 204 W. Fourth StCity CincinnatiState Ohio ZIP Code + 4 45202

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. ☒

Did Receive at least
2 Baseball Tickets But
have No Record.
(See Attachment 1)

11.b. Approximate dollar value of such dealing.

\$30.00

12.a. Nature of interest held or income received.

(C)

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Stoner & Associates

205 West Fourth Street, Suite 225

Cincinnati, OH 45202

513-381-6886

800-832-7113

Fax 513-381-0238

File

To: Zeno Whittle
Gregory McCray
Dave Horn

From: Bob Voegeli *Bob*

Re: Union Trustees of the Cement Masons Local #524 Pension and Health & Welfare Funds
Form LM - 30

July 6, 2005

Attached is a Transaction Report of reimbursements made to you in 2004 from the Pension Fund and or Health & Welfare Fund.

Note, no Transaction Report is attached if there were no reimbursements made to you in 2004.

This information is being provided to you for your use in completion of the Form LM 30. In addition to reimbursements from the Funds, you may have received Baseball or Football tickets in 2004 from Stoner & Associates. Baseball ticket face value was \$30 and Football ticket had a face value of \$63. If these need to be report on the LM - 30 you will need to estimate how may times (2 ticket each time) you received them since we do not have these records. Finally, if you went to a dinner or hospitality suite sponsored by another firm while at the conference or other functions or accepted other gifts from service providers, these may have to be reported. The value of whatever is provided, in excess of \$25 must be reported.

If you do not know the value of the dinner, food and drinks at a hospitality suite or gift you can estimate the value that you consumed.

If you have any questions, contact Jim Sullivan immediately concerning the LM 30 and your responsibility. Filing date is July 15, 2005.

Also, included is a copy of Form LM - 30.

If you have any questions concerning the enclosed Transaction Report please contact me.

c: Jim Sullivan